DOCUMENT RESUME

ED 406 614 CG 027 487

AUTHOR Clark, Elaine
TITLE Making Psychologists Indispensable in the Schools: School Psychologists as Specialists in Neurologic Problems.
PUB DATE 96
NOTE 5p.; In: Making Psychologists in Schools Indispensable: Critical Questions and Emerging Perspectives. Greensboro, NC. ERIC Counseling and Student Services Clearinghouse, 1996. p139-42; see CG 027 464.
PUB TYPE Information Analyses (070) -- Opinion Papers (120)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counselor Teacher Cooperation; *Counselor Training; Early Intervention; Elementary Secondary Education; Health Promotion; *Neuropsychology; *Professional Development; Pupil Personnel Services; Pupil Personnel Workers; School Counseling; *School Psychologists

ABSTRACT

School psychologists have a long and successful history in making themselves indispensable in schools by expanding their roles and their skills to meet the demands of an ever-changing clientele. As the rates of survival of children with a wide spectrum of genetic and neurodevelopmental disorders and acquired injuries and disease affecting the central nervous system increase, so will the number of children who require psychological services. Left unrecognized, thus untreated, these children are at significant risk for learning and behavior problems. Research has shown that regardless of severity, the majority of children with neurologic insults are discharged from acute care hospitals directly to their homes without any community support or rehabilitation plans. Given the amount of recovery that still takes place after returning to the classroom, the age at which many neurologic problems occur, and the persistence of these children's problems, schools are a critical treatment site for children with neurologic conditions. Although the field of child neuropsychology is rapidly growing, it is still relatively small. Training programs and professional school psychology organizations, therefore, need to consider ways to increase school psychology's involvement in this area. (JBJ)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 406 614

Chapter Twenty-Three

Making Psychologists Indispensable in the Schools: School Psychologists as Specialists in Neurologic Problems

Elaine Clark

School psychologists have a long and successful history in making themselves indispensable in the schools by expanding their roles and their skills to meet the demands of an ever-changing clientele. As a consequence, the scope of practice for school psychology has developed to the point of being as immense as the number and diversity of clients served. There is no indication that there will be a reversal in this trend over the next several years; in fact, psychologists who work in the schools are likely to experience an increase in the demand for their services.

As the rates of survival of children with a wide spectrum of genetic and neurodevelopmental disorders and acquired injuries and disease affecting the central nervous system (CNS) increase, so will the number of children who require psychological services. Sadly, the sophisticated technology that helps to save these children's lives does not guarantee them a positive outcome. An alarming number of children who are impacted by CNS-related events such as extreme low birth weight, traumatic brain injury, infectious disease, and unexplained in-utero anomalies are left with permanent deficits (e.g., Anderson & Moore, 1995; Clark, in press; Miller et al., 1995). Although these deficits range from subtle delays to overt abnormalities, even milder deficits can negatively impact a child's chances of academic and social success. Left unrecognized, thus untreated, these children are at significant risk for learning and behavior problems.

Given the fact that discharge from hospital setting is often equated with a return to normalcy, and that so few children are referred for follow-up services, it is not surprising that parents do not seek assistance from professionals for such children. Research has shown that regardless of severity, the majority of children with neurologic insults are discharged from acute care hospitals directly to their homes without any community support or rehabilitation plans (Carney & Gerring, 1990). As a result of this, parents tend to expect their child to continue to improve on their own and eventually to return to "their old selves." Parents receive relatively little information from medical staff about what to expect in terms of the sequelae of their child's illness or injury. This is an even greater problem when these children are treated in general hospitals rather than children's hospitals. Given the lack of information and support, it is not surprising that so many children are sent back to school prematurely.

Given the amount of recovery that still takes place after returning to the classroom, the age at which many neurologic problems occur, and the

CG027487

BEST COPY AVAILABLE

persistence of these children's problems, schools are a critical treatment site for children with neurologic conditions. In fact, the amount of hours that children spend at school makes schools the largest health care provider for children with neurologic impairments. Fortunately, the diversity of specialists employed by the schools and the school's structure puts them in an unparalleled position to provide services to these children. Although school psychologists are just one group of specialists employed by the schools who provide important services, they have a decided edge over other professional groups to work with these children. The emphasis that school psychologists place on collaborative problem solving and consultation, as well as practical classroom and home-based interventions, distinguishes them from other professionals. The severity and complexity of these children's problems often requires comprehensive services that include coordinating with various disciplines and agencies. Few professionals who work in the schools are trained as well as psychologists to take on this consultant role. Further, few professionals are trained as well in practical assessments and empirically validated interventions.

Psychologists who work in the schools also have the advantage of being in the position of observing multiple samples of behavior in multiple contexts. No health professional outside the school has the amount of contact with children, teachers, peers, and families as do psychologists working in the schools. Further, the ability of school psychologists to appreciate the complexity of children's problems and the complexity of their environments also puts them in an unparalleled position over professionals working outside the schools. School psychologists understand the day-to-day operations of the school and appreciate the limitations within which a school operates (e.g., financial and time constraints). This perspective is invaluable when setting up interventions for children who have serious and persistent learning and behavior problems as a result of their neurologic disorders or diseases. Knowing the environment allows psychologists to make recommendations that are reasonable, thus useful. School psychologists know first hand students' environments, and they also know the value of targeting these environments for intervention (e.g., setting up antecedent controls at school, providing supportive family interventions, and coordinating activities with community agencies). The shear amount of access that school psychologists have to children with a variety of neurologic conditions, as well as their peers, teachers, and families, gives them a decided advantage over professionals outside the school system. Although school psychologists typically do not have specialized training in neuropsychology, this type of training can be obtained. As a trainer, I would prefer to take on the task of teaching students about neurologic conditions and neuropsychological methods rather than teaching professionals a "perspective" on schools.

At the University of Utah, graduate students in the school psychology program are trained in neuropsychological methods and also obtain experience in the school environment. This enables the students to develop the school learning and socialization perspective that is so critical for work with children. Graduate students learn about a variety of neurologic conditions and medical conditions affecting the CNS, and learn methods to intervene on behalf of these children to improve their chances of academic and social success. Through cooperative efforts at the Utah State Office of Education, faculty at the university also provide inservice training opportunities for psychologists who are already practicing in the schools throughout the state. The University of Utah faculty are not alone in these efforts. Faculty at a number of universities across the country, including the University of Northern Colorado, University of Georgia, and Texas A&M, among others, have faculty and specialized tracks to

prepare school psychologists for the important role of working with children who have neurologic conditions. The rationale behind these programs is clear. School psychologists are in one of the best positions to acquire further competencies in neuropsychology. School psychologists have an excellent foundation in assessment and intervention, and they have already worked with the majority of children who are referred for neuropsychological services in the first place. A recent study of referral patterns for neuropsychological services in hospitals showed that 87% of the cases were (in order of frequency) for learning disability, traumatic brain injury, attention deficit-hyperactivity disorder, seizure disorder, psychiatric disorder, phenylketonuria, idiopathic mental retardation, brain tumor, leukemia, stroke, and encephalitis (Yeates, Ris, & Taylor, 1995).

School psychologists already have begun to acquire training in this area. Over the past several years, psychologists who practice in the schools have been attending various workshops and training seminars presented by a number of neuropsychological interest groups and university training programs across the country. The American Psychological Association's Division of School Psychology and the National Association of School Psychologists also have responded to the interest of their membership by sponsoring convention workshops on the topic and providing more space on their programs for symposia and professional paper presentations.

Perhaps, the efforts of practicing school psychologists to obtain training through workshops and college courses has been brought on in part by the relative lack of school psychology publications on this topic. At the present time, readers interested in neuropsychology and neurologic disorders of children must rely on textbooks or journals published outside the field of school psychology (e.g., *Journal of Learning Disabilities, Archives of Clinical Neuropsychology,* and *Child Neuropsychology).* Interestingly, two of the three chief editors of these journals, George Hynd and Cecil Reynolds, are school psychology trainers.

There have been a number of advances that have taken place simultaneously with school psychologists' increased interest in neurologic disorders and the field itself. First, there have been a number of new developments in testing. Particularly noteworthy are new tests to assess memory problems (e.g., Test of Memory and Learning and the children's version of the California Verbal Learning Test). Second, new methods are being investigated for managing the behavioral sequelae and social problems of these children, especially given reductions in funds to treat these children outside the school setting and fund programs to assist parents and families to deal with the sequelae of neurologic conditions. Third, the inclusion of traumatic brain injuries under the Individuals with Disabilities Education Act (IDEA) has provided the legislative mandate and financial support to fund programs for students with neurologic insults. Together, these changes have helped to expand the scope of neuropsychological practice in the schools.

Although the field of child neuropsychology is rapidly growing, it is still relatively small. Training programs and professional school psychology organizations, therefore, need to consider ways to increase school psychology's involvement in this area. As Talley and Short (1996) note, if psychologists who are practicing in the schools wish to remain in a position to impact the health and education of students and participate in school reform, they need to acquire further competencies. Gaining competencies in neurologic disorders and neuropsychological methods is one way to make ourselves indispensable in the schools by giving the schools something they currently think they have to go outside to get. If this does not work, however, perhaps, school psychologists may want to

consider joining the ranks of other educators and mental health specialists in becoming school administrators. Being in a position of deciding who is, and who is not, indispensable in the schools may not be a bad idea.

References

Anderson, V., & Moore, C. (1995). Age at injury as a predictor of outcome following pediatric head injury: A longitudinal perspective. *Child Neuropsychology, 1*(3), 203-210.

Carney, J., & Gerring, J. (1990). Return to school following severe closed head injury: A critical phase in pediatric rehabilitation. *Pediatrician, 17*, 222-229.

Clark, E. (in press). Brain injury. In K. Minke & G. Baer (Eds.), *Children's needs: Psychological perspectives*. Washington, DC: National Association of School Psychologists.

Miller, C. L., Landry, S. H., Smith, K. E., Wildin, S. R., Anderson, A. E., & Swank, P. R. (1995). Developmental change in the neuropsychological functioning of very low birth weight infants. *Child Neuropsychology, 1*(3), 224-236.

Talley, R. C., & Short, R. J. (1996). Social reforms and the future of school practice: Implications for American psychology. *Professional Psychology: Research and Practice, 27*(1), 5-13.

Yeates, K. O., Ris, M. D., & Taylor, H. G. (1995). Hospital referral patterns in pediatric neuropsychology. *Clinical Neuropsychology, 1*(1), 56-62.